

<i>SERFF Tracking Number:</i>	<i>HRLV-125793257</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Harleysville Mutual Insurance Company</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>IMJM020108-1</i>		
<i>TOI:</i>	<i>09.0 Inland Marine</i>	<i>Sub-TOI:</i>	<i>09.0005 Other Commercial Inland Marine</i>
<i>Product Name:</i>	<i>CIM</i>		
<i>Project Name/Number:</i>	<i>Controlled IM Product Standardization/</i>		

Filing at a Glance

Company: Harleysville Mutual Insurance Company

Product Name: CIM

TOI: 09.0 Inland Marine

Sub-TOI: 09.0005 Other Commercial Inland Marine

Filing Type: Form

SERFF Tr Num: HRLV-125793257 State: Arkansas

SERFF Status: Closed

Co Tr Num: IMJM020108-1

Co Status: Product Standardization

- Phase 3B - revised

Author: Carol Zwoyer

Date Submitted: 08/27/2008

State Tr Num: EFT \$50

State Status: Fees verified and received

Reviewer(s): Betty Montesi,

Llyweyia Rawlins, Brittany Yielding

Disposition Date: 09/05/2008

Disposition Status: Approved

Effective Date Requested (New): 02/01/2009

Effective Date Requested (Renewal): 07/01/2009

Effective Date (New): 02/01/2009

Effective Date (Renewal):

07/01/2009

State Filing Description:

General Information

Project Name: Controlled IM Product Standardization

Project Number:

Reference Organization:

Reference Title:

Filing Status Changed: 09/05/2008

State Status Changed: 09/05/2008

Corresponding Filing Tracking Number:

Filing Description:

Status of Filing in Domicile:

Domicile Status Comments:

Reference Number:

Advisory Org. Circular:

Deemer Date:

With this filing it is our intent to submit for your review and approval revisions applicable to our Commercial Inland Marine Program.

Company and Contact

SERFF Tracking Number: HRLV-125793257 State: Arkansas
Filing Company: Harleysville Mutual Insurance Company State Tracking Number: EFT \$50
Company Tracking Number: IMJM020108-1
TOI: 09.0 Inland Marine Sub-TOI: 09.0005 Other Commercial Inland Marine
Product Name: CIM
Project Name/Number: Controlled IM Product Standardization/

Filing Contact Information

Carol Zwoyer, Senior State Filing Analyst czwoyer@harleysvillegroup.com
355 Maple Avenue (215) 256-5735 [Phone]
Harleysville, PA 19438-2297 (215) 256-5678[FAX]

Filing Company Information

Harleysville Mutual Insurance Company CoCode: 14168 State of Domicile: Pennsylvania
355 Maple Avenue Group Code: 253 Company Type:
Harleysville, PA 19438 Group Name: State ID Number:
(215) 256-5000 ext. [Phone] FEIN Number: 23-0902325

Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No
Fee Explanation:
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Harleysville Mutual Insurance Company	\$50.00	08/27/2008	22165632

<i>SERFF Tracking Number:</i>	<i>HRLV-125793257</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Product Name:</i>	<i>CIM</i>		
<i>Project Name/Number:</i>	<i>Controlled IM Product Standardization/</i>		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	09/05/2008	09/05/2008

SERFF Tracking Number: HRLV-125793257

State: Arkansas

Filing Company: Harleysville Mutual Insurance Company

State Tracking Number: EFT \$50

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Disposition

Disposition Date: 09/05/2008

Effective Date (New): 02/01/2009

Effective Date (Renewal): 07/01/2009

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: HRLV-125793257 State: Arkansas
Filing Company: Harleysville Mutual Insurance Company State Tracking Number: EFT \$50
Company Tracking Number: IMJM020108-1
TOI: 09.0 Inland Marine Sub-TOI: 09.0005 Other Commercial Inland Marine
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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	COVER LETTER & EXHIBIT A	Approved	Yes
Form	Film Coverage Form Declarations	Approved	Yes
Form	Floor Plan Coverage Form Declarations	Approved	Yes
Form	Mail Coverage Form Declarations	Approved	Yes
Form	Mail Coverage – Reporting Declarations	Approved	Yes
Form	Transfer Agents Mail Declarations	Approved	Yes
Form	Flat Premium Per Shipping Packages Declarations	Approved	Yes
Form	Theatrical Property Coverage Form Declarations	Approved	Yes
Form	Commercial Lines Common Policy Declarations	Approved	Yes
Form	Policy Change Document	Approved	Yes
Form	Additional Insured Schedule	Approved	Yes
Form	Additional Interest Schedule	Approved	Yes
Form	Form Schedule	Approved	Yes
Form	Location Schedule	Approved	Yes
Form	Loss Payee Schedule	Approved	Yes
Form	Mortgagee Schedule	Approved	Yes
Form	Named Insured Schedule	Approved	Yes
Form	Policyholder Notice Schedule	Approved	Yes
Form	Declarations Page Extension	Approved	Yes
Form	Fees and Schedules	Approved	Yes
Form	Manuscript Endorsement	Approved	Yes
Form	Manuscript Endorsement	Approved	Yes
Form	Accounts Receivable Coverage Form Declarations	Approved	Yes
Form	Camera and Musical Instruments Dealers Coverage Form Declarations	Approved	Yes
Form	Commercial Articles Coverage Form Declarations	Approved	Yes

SERFF Tracking Number:	HRLV-125793257	State:	Arkansas
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TOI:	09.0 Inland Marine	Sub-TOI:	09.0005 Other Commercial Inland Marine
Product Name:	CIM		
Project Name/Number:	Controlled IM Product Standardization/		

Form	Equipment Dealers Coverage Form Declarations	Approved	Yes
Form	Physicians and Surgeons Equipment Coverage Form Declarations	Approved	Yes
Form	Signs Coverage Form Declarations	Approved	Yes
Form	Valuable Papers Coverage Form Declarations	Approved	Yes
Form	Commercial Inland Marine Coverage Form Declarations	Approved	Yes
Form	Commercial Inland Marine Scheduled Items Coverage Part	Approved	Yes

SERFF Tracking Number: HRLV-125793257 State: Arkansas

Filing Company: Harleysville Mutual Insurance Company State Tracking Number: EFT \$50

Company Tracking Number: IMJM020108-1

TOI: 09.0 Inland Marine Sub-TOI: 09.0005 Other Commercial Inland Marine

Product Name: CIM

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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Film Coverage Form Declarations	CM-7258	12-06	Declaration News/Schedule		0.00	CM-7258 (Ed 12-06) Film Declarations. pdf
Approved	Floor Plan Coverage Form Declarations	CM-7259	12-06	Declaration News/Schedule		0.00	CM-7259 (Ed 12-06) Floor Plan Declarations. pdf
Approved	Mail Coverage Form Declarations	CM-7260	12-06	Declaration News/Schedule		0.00	CM-7260 _Ed 12-06_ Mail Coverage Declarations. pdf
Approved	Mail Coverage – Reporting Declarations	CM-7261	12-06	Declaration News/Schedule		0.00	CM-7261 _Ed.pdf
Approved	Transfer Agents Mail Declarations	CM-7262	12-06	Declaration News/Schedule		0.00	CM-7262 _Ed 12-06_ Transfer Agents Mail Declarations. pdf
Approved	Flat Premium Per Shipping Packages Declarations	CM-7263	12-06	Declaration News/Schedule		0.00	CM-7263 _Ed.pdf
Approved	Theatrical Property Coverage Form Declarations	CM-7264	12-06	Declaration News/Schedule		0.00	CM-7264 (Ed 12-06) Theatrical Property

SERFF Tracking Number: HRLV-125793257 State: Arkansas
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TOI: 09.0 Inland Marine Sub-TOI: 09.0005 Other Commercial Inland Marine
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						Declarations. pdf
Approved	Commercial Lines Common Policy Declarations	GU-7000	03-08	Declaration New s/Schedule	0.00	GU-7000 _Ed 3-08_ Common Policy Dec.pdf
Approved	Policy Change Document	GU-7001	07-08	Endorseme New nt/Amendm ent/Condi tions	0.00	GU-7001.pdf
Approved	Additional Insured Schedule	GU-7002	11-06	Declaration New s/Schedule	0.00	GU-7002.pdf
Approved	Additional Interest Schedule	GU-7003	11-06	Declaration New s/Schedule	0.00	GU-7003.pdf
Approved	Form Schedule	GU-7004	11-06	Declaration New s/Schedule	0.00	GU-7004.pdf
Approved	Location Schedule	GU-7005	11-06	Declaration New s/Schedule	0.00	GU-7005.pdf
Approved	Loss Payee Schedule	GU-7006	11-06	Declaration New s/Schedule	0.00	GU-7006.pdf
Approved	Mortgagee Schedule	GU-7007	11-06	Declaration New s/Schedule	0.00	GU-7007.pdf
Approved	Named Insured Schedule	GU-7008	11-06	Declaration New s/Schedule	0.00	GU-7008.pdf
Approved	Policyholder Notice Schedule	GU-7009	11-06	Declaration New s/Schedule	0.00	GU-7009.pdf
Approved	Declarations Page Extension	GU-7013	11-06	Endorseme New nt/Amendm ent/Condi tions	0.00	GU-7013.pdf
Approved	Fees and Schedules	GU-7015	11-06	Endorseme New nt/Amendm ent/Condi tions	0.00	GU-7015.pdf
Approved	Manuscript Endorsement	MANU-1	11-06	Endorseme New nt/Amendm ent/Condi	0.00	MANU-1.pdf

SERFF Tracking Number: HRLV-125793257 State: Arkansas
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TOI: 09.0 Inland Marine Sub-TOI: 09.0005 Other Commercial Inland Marine
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Approved	Manuscript Endorsement	MANU-2	11-06	Endorsement/Amendment/Conditions	0.00	MANU-2.pdf
Approved	Accounts Receivable Coverage Form Declarations	CM-7215	12-06	Declaration Replaced s/Schedule	Replaced Form #:0.00 08-87 edition Previous Filing #:	CM-7215_Ed 12-06_Accounts Receivable Declarations.pdf
Approved	Camera and Musical Instruments Dealers Coverage Form Declarations	CM-7212	12-06	Declaration Replaced s/Schedule	Replaced Form #:0.00 08-87 edition Previous Filing #:	CM-7212_Ed.pdf
Approved	Commercial Articles Coverage Form Declarations	CM-7209	12-06	Declaration Replaced s/Schedule	Replaced Form #:0.00 08-87 edition Previous Filing #:	CM-7209_Ed 12-06_Commercial Article Declarations.pdf
Approved	Equipment Dealers Coverage Form Declarations	CM-7210	12-06	Declaration Replaced s/Schedule	Replaced Form #:0.00 08-87 edition Previous Filing #:	CM-7210_Ed 12-06_Equipment Dealers Declarations.pdf
Approved	Physicians and Surgeons Equipment Coverage Form Declarations	CM-7211	12-06	Declaration Replaced s/Schedule	Replaced Form #:0.00 08-87 edition Previous Filing #:	CM-7211_Ed.pdf
Approved	Signs Coverage Form Declarations	CM-7213	12-06	Declaration Replaced s/Schedule	Replaced Form #:0.00 08-87 edition Previous Filing #:	CM-7213_Ed 12-06_Signs Declarations.

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 TOI: 09.0 Inland Marine Sub-TOI: 09.0005 Other Commercial Inland Marine
 Product Name: CIM
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Approved	Valuable Papers	CM-7214	12-06	Declaration Replaced	Replaced Form #:0.00	CM-7214
	Coverage Form			s/Schedule	08-87 edition	_Ed.pdf
	Declarations				Previous Filing #:	
Approved	Commercial	CM-7255	12-06	Declaration New	0.00	CM-7255
	Inland Marine			s/Schedule		_Ed 12-06_
	Coverage Form					CIM
	Declarations					Coverage
						Part Dec.pdf
Approved	Commercial	CM-7257	12-06	Policy/CoveNew	0.00	CM-7257
	Inland Marine			rage Form		_Ed 12-06_
	Scheduled Items					CIM
	Coverage Part					Scheduled
						Items
						Coverage
						Part.pdf

FILM DECLARATIONS
Attach to CM 00 45 – Film Coverage Form

Coverage Effective	Policy Number				
<table style="width: 100%;"><tr><td style="width: 30%;">Policy Period</td><td style="width: 30%; text-align: center;">From</td><td style="width: 30%; text-align: center;">To</td><td style="width: 10%;"></td></tr></table>		Policy Period	From	To	
Policy Period	From	To			
LIMITS OF INSURANCE					
Name Of Production	Limit Of Insurance				
	\$				
	\$				
DEDUCTIBLE					
The Deductible amount is \$500 unless otherwise stated.	\$				
COINSURANCE					
For Nonreporting, the Coinsurance percentage is 80% unless otherwise stated.	%				
RATES AND PREMIUM					
A. Reporting					
Estimated Premium	\$				
Rates \$					
\$					
\$					
B. Nonreporting					
Rates \$	Premium \$				
PREMIUM FOR THIS COVERAGE FORM \$					
SPECIAL PROVISIONS (if any)					

FLOOR PLAN DECLARATIONS

Attach to CM 00 52 – Floor Plan Coverage Form

Coverage Effective	Policy Number
Policy Period	From To
<input type="checkbox"/> DUAL INTEREST <input type="checkbox"/> SINGLE INTEREST	
DESCRIPTION OF COVERED PROPERTY	
NAME OF SECURED LENDER	
LIMITS OF INSURANCE	
A. PROPERTY AT NAMED PREMISES Premises Address:	Limit Of Insurance
	\$
B. PROPERTY AT ANY UNNAMED PREMISES	\$
C. PROPERTY IN TRANSIT	\$
D. ALL COVERED PROPERTY IN ANY ONE OCCURRENCE	\$
DEDUCTIBLE	
The Deductible amount is \$500 unless otherwise stated.	\$
RATES AND PREMIUM	
DEPOSIT PREMIUM	\$
MINIMUM ANNUAL PREMIUM	\$
MONTHLY RATE	\$
PREMIUM FOR THIS COVERAGE FORM \$	
SPECIAL PROVISIONS (if any)	

MAIL COVERAGE DECLARATIONS

Attach to CM 00 60 – Mail Coverage Form

Policy Number	Policy Period	
	From	To

LIMITS OF INSURANCE	Limit Of Insurance	
Type Of Mail	In any one shipping package	To any one addressee on any one day
A. First Class Mail and Certified Mail		
1. Covered Property sent between your offices or sent between your offices and banks, trust companies, insurance companies, security brokers, investment firms or corporations, stock clearing corporations or corporations that act as transfer agents or registrars for their own security issues.	\$	\$
2. Covered Property sent from your offices to others not described in Paragraph 1. But Covered Property under this Paragraph 2. does not include negotiable securities.	\$	\$
B. United States Postal Service Express Mail		
1. Covered Property sent between your offices or sent between your offices and banks, trust companies, insurance companies, security brokers, investment firms or corporations, stock clearing corporations or corporations that act as transfer agents or registrars for their own security issues.		
a. Non-negotiable Securities	\$	
b. Detached Coupons	\$	
c. All other Covered Property	\$	
The most we will pay for all Covered Property sent is:	\$	\$
2. Covered Property sent from your offices to others not described in Paragraph 1.		
a. Non-negotiable Securities	\$	
b. Detached Coupons	\$	
c. All other Covered Property	\$	
The most we will pay for all Covered Property sent is:	\$	\$
C. Registered Mail		
1. All Covered Property except bullion, currency and other property described in Paragraphs A.1.d. and A.1.e. of the Coverage Form	\$	\$
2. Bullion, currency and other property described in Paragraphs A.1.d. and A.1.e. of the Coverage Form	\$	\$
The most we will pay for all Covered Property sent is:	\$	\$

REPORTS AND PREMIUM – SEE MAIL COVERAGE – REPORTING DECLARATIONS
NEGOTIABLE SECURITIES SENT UNDER AIR BILL
If the Negotiable Securities Sent Under Air Bill endorsement is attached, the following applies:
NAME OF CARRIER
PREMIUM FOR THIS COVERAGE FORM \$
SPECIAL PROVISIONS (if any)

MAIL COVERAGE – REPORTING DECLARATIONS

Attach to CM 00 60 – Mail Coverage Form

Policy Number	Policy Period From To																																										
DEPOSIT PREMIUM \$	ANNUAL MINIMUM PREMIUM \$																																										
REPORTING PERIOD <input type="checkbox"/> Annual <input type="checkbox"/> Monthly <input type="checkbox"/> Other (describe)																																											
Rates per \$1,000 1. FIRST CLASS MAIL, CERTIFIED MAIL AND U.S. POSTAL SERVICE EXPRESS MAIL a. The following rates apply to property sent within and between places in the United States of America except to or from Alaska or Hawaii: <table style="width: 100%; margin-top: 10px;"> <thead> <tr> <th style="width: 60%;"></th> <th style="width: 15%; text-align: center;">First Class</th> <th style="width: 20%; text-align: center;">Type Of Mail Certified</th> <th style="width: 5%; text-align: center;">USPS Express</th> </tr> </thead> <tbody> <tr> <td>(1) Covered Property sent between your offices or sent between your offices and banks, trust companies, insurance companies, security brokers, investment firms or corporations, stock clearing corporations or corporations which act as transfer agents or registrars for their own security issues.</td> <td></td> <td></td> <td></td> </tr> <tr> <td> a. Non-negotiable Securities</td> <td style="text-align: center;">\$</td> <td style="text-align: center;">\$</td> <td style="text-align: center;">\$</td> </tr> <tr> <td> b. Detached Coupons</td> <td style="text-align: center;">\$</td> <td style="text-align: center;">\$</td> <td style="text-align: center;">\$</td> </tr> <tr> <td> c. All other Covered Property</td> <td style="text-align: center;">\$</td> <td style="text-align: center;">\$</td> <td style="text-align: center;">\$</td> </tr> <tr> <td>(2) Covered Property sent from your offices to others not described in Paragraph (1).</td> <td></td> <td></td> <td></td> </tr> <tr> <td> a. Non-negotiable Securities</td> <td style="text-align: center;">\$</td> <td style="text-align: center;">\$</td> <td style="text-align: center;">\$</td> </tr> <tr> <td> b. Detached Coupons</td> <td style="text-align: center;">\$</td> <td style="text-align: center;">\$</td> <td style="text-align: center;">\$</td> </tr> <tr> <td> c. All other Covered Property</td> <td style="text-align: center;">(Coverage Does Not Apply)</td> <td style="text-align: center;">(Coverage Does Not Apply)</td> <td style="text-align: center;">\$</td> </tr> </tbody> </table>					First Class	Type Of Mail Certified	USPS Express	(1) Covered Property sent between your offices or sent between your offices and banks, trust companies, insurance companies, security brokers, investment firms or corporations, stock clearing corporations or corporations which act as transfer agents or registrars for their own security issues.				a. Non-negotiable Securities	\$	\$	\$	b. Detached Coupons	\$	\$	\$	c. All other Covered Property	\$	\$	\$	(2) Covered Property sent from your offices to others not described in Paragraph (1).				a. Non-negotiable Securities	\$	\$	\$	b. Detached Coupons	\$	\$	\$	c. All other Covered Property	(Coverage Does Not Apply)	(Coverage Does Not Apply)	\$				
	First Class	Type Of Mail Certified	USPS Express																																								
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(2) Covered Property sent from your offices to others not described in Paragraph (1).																																											
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b. Detached Coupons	\$	\$	\$																																								
c. All other Covered Property	(Coverage Does Not Apply)	(Coverage Does Not Apply)	\$																																								
b. The following rates apply to property sent:																																											
2. REGISTERED MAIL a. The following rates apply to property sent within and between places in the United States of America except to or from Alaska or Hawaii: <table style="width: 100%; margin-top: 10px;"> <thead> <tr> <th style="width: 30%;"></th> <th style="width: 20%; text-align: center;">Non Negotiable Securities</th> <th style="width: 20%; text-align: center;">Bullion and Other Property Described in Paragraph d. Under Covered Property</th> <th style="width: 20%; text-align: center;">Currency and Other Property Described in Paragraph e. Under Covered Property</th> <th style="width: 10%; text-align: center;">All Other Covered Property</th> </tr> </thead> <tbody> <tr> <td>Reporting Period</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td> Annual</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td> (1) All except within Alaska</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td> (2) Within Alaska</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td> Monthly or Other</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td> (1) All except within Alaska</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td> (2) Within Alaska</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>					Non Negotiable Securities	Bullion and Other Property Described in Paragraph d. Under Covered Property	Currency and Other Property Described in Paragraph e. Under Covered Property	All Other Covered Property	Reporting Period					Annual					(1) All except within Alaska					(2) Within Alaska					Monthly or Other					(1) All except within Alaska					(2) Within Alaska				
	Non Negotiable Securities	Bullion and Other Property Described in Paragraph d. Under Covered Property	Currency and Other Property Described in Paragraph e. Under Covered Property	All Other Covered Property																																							
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(2) Within Alaska																																											
b. The following rates apply to property sent:																																											
PREMIUM FOR THIS COVERAGE FORM \$																																											
SPECIAL PROVISIONS (if any)																																											

TRANSFER AGENTS MAIL DECLARATIONS

Attach to CM 00 60 – Mail Coverage Form

Policy Number	Policy Period From _____ To _____																								
<p>The following applies to the Transfer Agents Mail endorsement:</p> <p>LIMITS OF INSURANCE</p> <table style="width: 100%; border: none;"> <thead> <tr> <th style="text-align: left; width: 60%;">Type Of Mail</th> <th style="text-align: right; width: 40%;">Limit Of Insurance In Any One Shipping Package</th> </tr> </thead> <tbody> <tr> <td>A. First Class Mail</td> <td style="text-align: right;">\$</td> </tr> <tr> <td>B. Certified Mail</td> <td style="text-align: right;">\$</td> </tr> <tr> <td>C. United States Postal Service Express Mail</td> <td style="text-align: right;">\$</td> </tr> <tr> <td>D. Registered Mail</td> <td style="text-align: right;">\$</td> </tr> </tbody> </table> <p>The above Limits of Insurance include the \$150 limit on property in any one shipping package that applies to warrants, rights and similar certificates in negotiable form covered by this endorsement.</p> <p>REPORTING PERIOD – SAME AS MAIL COVERAGE – REPORTING DECLARATIONS</p> <p>RATES</p> <p>A. The following rates apply to property sent within and between places in the United States of America except to or from Alaska or Hawaii:</p> <table style="width: 100%; border: none;"> <thead> <tr> <th style="width: 60%;"></th> <th style="text-align: right; width: 40%;">Rate Per Shipping Package</th> </tr> </thead> <tbody> <tr> <td>1. First Class Mail</td> <td style="text-align: right;">\$</td> </tr> <tr> <td>2. Certified Mail</td> <td style="text-align: right;">\$</td> </tr> <tr> <td>3. United States Postal Service Express Mail</td> <td style="text-align: right;">\$</td> </tr> <tr> <td>4. Registered Mail – Value up to \$100,000</td> <td style="text-align: right;">\$</td> </tr> <tr> <td style="padding-left: 40px;">Over \$100,000 up to \$500,000</td> <td style="text-align: right;">\$</td> </tr> <tr> <td style="padding-left: 40px;">Over \$500,000 up to \$1,000,000</td> <td style="text-align: right;">\$</td> </tr> </tbody> </table> <p>B. The following rates apply to property sent:</p>		Type Of Mail	Limit Of Insurance In Any One Shipping Package	A. First Class Mail	\$	B. Certified Mail	\$	C. United States Postal Service Express Mail	\$	D. Registered Mail	\$		Rate Per Shipping Package	1. First Class Mail	\$	2. Certified Mail	\$	3. United States Postal Service Express Mail	\$	4. Registered Mail – Value up to \$100,000	\$	Over \$100,000 up to \$500,000	\$	Over \$500,000 up to \$1,000,000	\$
Type Of Mail	Limit Of Insurance In Any One Shipping Package																								
A. First Class Mail	\$																								
B. Certified Mail	\$																								
C. United States Postal Service Express Mail	\$																								
D. Registered Mail	\$																								
	Rate Per Shipping Package																								
1. First Class Mail	\$																								
2. Certified Mail	\$																								
3. United States Postal Service Express Mail	\$																								
4. Registered Mail – Value up to \$100,000	\$																								
Over \$100,000 up to \$500,000	\$																								
Over \$500,000 up to \$1,000,000	\$																								
<p>PREMIUM FOR THIS COVERAGE FORM \$</p>																									
<p>SPECIAL PROVISIONS (if any)</p> 																									

FLAT PREMIUM PER SHIPPING PACKAGE DECLARATIONS

Attach to CM 00 60 – Mail Coverage Form

Policy Number	Policy Period	From	To
The following applies to the Flat Premium Per Shipping Package – First Class Mail or Certified Mail endorsement: LIMITS OF INSURANCE			
Type Of Mail		Limit Of Insurance In Any One Shipping Package	
First Class Mail		\$	
Certified Mail		\$	
The above Limits Of Insurance include the \$150 limit on property in any one shipping package that applies to warrants, rights and similar certificates in negotiable form covered by this endorsement.			
REPORTING PERIOD – SAME AS MAIL COVERAGE – REPORTING DECLARATIONS			
RATES			
A. The following rates apply to property sent within and between places in the United States of America except to or from Alaska or Hawaii:			
		Rates Per Shipping Package	
1. First Class Mail		\$	
2. Certified Mail		\$	
B. The following rates apply to property sent:			
PREMIUM FOR THIS COVERAGE FORM \$			
SPECIAL PROVISIONS (if any)			

THEATRICAL PROPERTY DECLARATIONS

Attach to CM 00 29 – Theatrical Property Coverage Form

Coverage Effective	Policy Number
Policy Period	From To
LIMITS OF INSURANCE	
A. NAME OF PRODUCTION	Limit Of Insurance
	\$
	\$
B. ALL COVERED PROPERTY AT ALL LOCATIONS	\$
DEDUCTIBLE	
The Deductible amount is \$500 unless otherwise stated.	\$
COINSURANCE	
The Coinsurance percentage is 80% unless otherwise stated.	%
PREMIUM FOR THIS COVERAGE FORM \$	
SPECIAL PROVISIONS (if any)	



COMMERCIAL LINES COMMON POLICY DECLARATIONS

Policy Number:

Named Insured and Mailing Address:

Agent:

Agency Code:
Phone Number:

Policy Period: From:

To:

at 12:01 A.M. Standard Time at your mailing
address shown above.

Business Description:

Form of Business:

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY,
WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY. IF YOU REQUEST
CANCELLATION OF THIS POLICY, THE COMPANY WILL RETAIN A MINIMUM PREMIUM OF \$.

THIS POLICY CONSISTS OF THE FOLLOWING COVERAGE PARTS FOR WHICH A PREMIUM IS INDICATED.
THIS PREMIUM MAY BE SUBJECT TO ADJUSTMENT.

	PREMIUM
Commercial Property Coverage Part	
Commercial General Liability Coverage Part	
Crime and Fidelity Policy Coverage Part	
Commercial Inland Marine Coverage Part	
Commercial Auto Coverage Part	
Commercial Liability Umbrella Policy	

Sub-Total
Fees and Surcharge - See Schedule GU-7015 (If Applicable)
Total

**FORM (S) AND ENDORSEMENT (S) MADE A PART OF THIS POLICY:
SEE SCHEDULES GU-7004 and GU-7009**

POLICY CHANGES

Policy Number:

Named Insured:

Agency/Producer Code:

Policy Period: From: To:

CHANGE EFFECTIVE _____ CHANGE # _____

DESCRIPTION

Original Premium \$ _____ New Premium \$ _____ Total Add'l/Return Premium \$ _____

Company name goes here

ADDITIONAL INSURED SCHEDULE

Policy Number:

Policy Period: From:

To:

Company name goes here

ADDITIONAL INTEREST SCHEDULE

Policy Number:

Policy Period: From:

To:

Company name goes here

FORM SCHEDULE

Policy Number:

Policy Period: From: To:

Form	Edition	Description
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Company name goes here

LOCATION SCHEDULE

Policy Number:

Policy Period: From: To:

Premis.	Bldg.	
No.	No.	Address

Company name goes here

LOSS PAYEE SCHEDULE

Policy Number:

Policy Period: From:

To:

Company name goes here

MORTGAGEE SCHEDULE

Policy Number:

Policy Period: From:

To:

Company name goes here

NAMED INSURED SCHEDULE

Policy Number:

Policy Period: From:

To:

Company name goes here

POLICYHOLDER NOTICE SCHEDULE

Policy Number:

Policy Period: From: To:

The following material contains important information about your policy. Please read it carefully.

Form	Edition	Description
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Company name goes here

DECLARATIONS PAGE EXTENSION

IMPORTANT INFORMATION

Policy Number:

Policy Period: From:

To:

Company Name goes here

FEES AND SURCHARGE SCHEDULE

Policy Number:

Policy Period: From: To:

Policy Number:

Policy Period: From:

To:

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY

All other terms and conditions of this Policy remain unchanged.

Policy Number:

Policy Period: From:

To:

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY

All other terms and conditions of this Policy remain unchanged.

ACCOUNTS RECEIVABLE DECLARATIONS
Attach to CM 00 66 – Accounts Receivable Coverage Form

Policy Number	Policy Period From To
LIMITS OF INSURANCE	
A. COVERAGE APPLICABLE AT YOUR PREMISES	Limit of Insurance
<div style="display: flex; justify-content: space-between;"> Location No. Building No. </div>	<div style="display: flex; justify-content: flex-end;"> <div style="text-align: center;">\$ \$ \$ \$</div> </div>
B. COVERAGE APPLICABLE AWAY FROM PREMISES BRANCH PREMISES THAT CUSTOMARILY FORWARD RECORD TO ANY OTHER DESCRIBED PREMISES	<div style="display: flex; justify-content: flex-end;"> <div style="text-align: center;">\$ \$</div> </div>
C. COVERAGE APPLICABLE AT ALL LOCATIONS	<div style="display: flex; justify-content: flex-end;"> <div style="text-align: center;">\$</div> </div>
DESCRIPTION OF RECEPTACLES	
<div style="display: flex; justify-content: space-between;"> Location No. Building No. Receptacle Type </div>	
COINSURANCE – The coinsurance is 80% unless otherwise stated. %	
DUPLICATE RECORDS – If the Duplicate Records Endorsement is attached the following applies:	
<div style="display: flex; justify-content: space-between;"> Location No. Building No. Percentage Duplicated </div>	
REPORTING PROVISIONS <input type="checkbox"/> Applies <input type="checkbox"/> Do Not Apply	
Reporting Period: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annually <input type="checkbox"/> Annually Premium Adjustment Period: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annually <input type="checkbox"/> Annually	
PREMIUM FOR THIS COVERAGE FORM \$	
SPECIAL PROVISIONS (if any)	

CAMERA AND MUSICAL INSTRUMENT DEALERS DECLARATIONS

Attach to CM 00 21 – Camera and Musical Instrument Dealers Coverage Form

Policy Number	Policy Period From _____ To _____		
<input type="checkbox"/> Camera <input type="checkbox"/> Musical Instrument			
LIMITS OF INSURANCE			
			Limit of Insurance
A. PROPERTY AT YOUR PREMISES			
We cover only at the following described premises:			
Location No.	Building No.		\$
			\$
			\$
B. PROPERTY AWAY FROM YOUR PREMISES IN THE CARE, CUSTODY OR CONTROL OF YOU OR YOUR EMPLOYEES			\$
C. PROPERTY IN TRANSIT			\$
D. PROPERTY NOT AT YOUR PREMISES AND NOT INCLUDED ABOVE			\$
E. ALL COVERED PROPERTY AT ALL LOCATIONS			\$
ADDITIONALLY COVERED PROPERTY			
	Location No. Building No.	Location No. Building No.	Location No. Building No.
A. Furniture, Fixtures and Office Supplies	\$	\$	\$
B. Machinery, Tools and Fittings	\$	\$	\$
C. Patterns, Dies, Molds and Models	\$	\$	\$
D. Improvements and Betterments	\$	\$	\$
DEDUCTIBLE			
The Deductible amount is \$ _____			
COINSURANCE			
The Coinsurance percentage is 80% unless otherwise stated. _____%			
REPORTING PROVISIONS <input type="checkbox"/> Apply <input type="checkbox"/> Do Not Apply			
Deposit Premium			\$
Minimum Annual Premium			\$
Rates			\$
Premium Base			
Reporting Period: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annually <input type="checkbox"/> Annually			
Premium Adjustment Period: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annually <input type="checkbox"/> Annually			
PREMIUM FOR THIS COVERAGE FORM \$ _____			
SPECIAL PROVISIONS (if any)			

Attach to CM 00 20 – Commercial Articles Coverage Form

Page of

EQUIPMENT DEALERS DECLARATIONS

Attach to CM 00 22 – Equipment Dealers Coverage Form

Policy Number	Policy Period From _____ To _____
LIMITS OF INSURANCE	
A. PROPERTY AT YOUR PREMISES We cover only at the following described premises: Location No. _____ Building No. _____	Limit of Insurance In Building Outside Building \$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____
B. PROPERTY AT OTHER PREMISES YOU ACQUIRE This limit applies at each premises. Coverage applies only for 30 days after you acquire the premises.	\$ _____
C. PROPERTY IN TRANSIT	\$ _____
D. PROPERTY NOT AT YOUR PREMISES AND NOT INCLUDED ABOVE	\$ _____
E. ALL COVERED PROPERTY AT ALL LOCATIONS	\$ _____
ADDITIONALLY COVERED PROPERTY	
	Location No. Building No. Location No. Building No. Location No. Building No. A. Furniture, Fixtures and Office Supplies \$ _____ \$ _____ \$ _____ B. Machinery, Tools and Fittings \$ _____ \$ _____ \$ _____ C. Patterns, Dies, Molds and Models \$ _____ \$ _____ \$ _____ D. Improvements and Betterments \$ _____ \$ _____ \$ _____
DEDUCTIBLE	
The Deductible amount is \$ _____	
COINSURANCE	
The Coinsurance percentage is 80% unless otherwise stated. _____ %	
REPORTING PROVISIONS <input type="checkbox"/> Apply <input type="checkbox"/> Do Not Apply	
Deposit Premium	\$ _____
Minimum Annual Premium	\$ _____
Rates	\$ _____
Premium Base	
Reporting Period: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annually <input type="checkbox"/> Annually	
Premium Adjustment Period: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annually <input type="checkbox"/> Annually	
PREMIUM FOR THIS COVERAGE FORM \$ _____	
SPECIAL PROVISIONS (if any)	

PHYSICIANS AND SURGEONS EQUIPMENT DECLARATIONS

Attach to CM 0026 – Physicians and Surgeons Equipment Coverage Form

Policy Number	Policy Period	
	From	To
LIMITS OF INSURANCE		
		Limit of Insurance
A. PROPERTY AT YOUR PREMISES		
Location No.		\$
		\$
		\$
B. ALL COVERED PROPERTY AT ALL LOCATIONS		\$
DEDUCTIBLE		
The Deductible amount is \$		
COINSURANCE		
The coinsurance percentage is 80% unless otherwise stated.		%
PREMIUM FOR THIS COVERAGE FORM \$		
SPECIAL PROVISIONS – applicable only when entries (X) are shown.		
<input type="checkbox"/> Additionally Covered Property – Form CM-2602.		
<input type="checkbox"/> Coverage Limited to Property Usually Carried by You – Form CM-2601.		
<input type="checkbox"/>		

SIGNS DECLARATIONS

Attach to CM 00 28 – Signs Coverage Form

Policy Number			Policy Period		
			From	To	
LIMITS OF INSURANCE					
A.	Location No.	Building No.	Item No.	Type of Sign/Description	Limit of Insurance
					\$
					\$
					\$
					\$
					\$
					\$
					\$
					\$
B.	All Covered Property At All Locations				\$
DEDUCTIBLE					
A deductible amount of 5% of the Limit of Insurance for each sign <input type="checkbox"/> applies <input type="checkbox"/> does not apply.					
COINSURANCE – The coinsurance percentage is 100%.					
PREMIUM FOR THIS COVERAGE FORM \$					
SPECIAL PROVISIONS (if any)					

VALUABLE PAPERS AND RECORDS DECLARATIONS

Attach to CM 00 67 – Valuable Papers and Records Coverage Form

Policy Number	Policy Period	From	To
LIMITS OF INSURANCE			
			Limit of Insurance
A. PROPERTY AT YOUR PREMISES			
Loc No.	Bldg No.	Specifically Described Property	\$
			\$
			\$
			\$
			Total \$
			\$
All Other Covered Property			
Loc No.	Bldg No.	Specifically Described Property	\$
			\$
			\$
			\$
			Total \$
			\$
All Other Covered Property			
Loc No.	Bldg No.	Specifically Described Property	\$
			\$
			\$
			\$
			Total \$
			\$
All Other Covered Property			
B. PROPERTY AWAY FROM YOUR PREMISES			\$
DEDUCTIBLE			
The Deductible amount is \$			
DESCRIPTION OF RECEPTACLES			
Location No.	Building No.	Receptacle Type	
PREMIUM FOR THIS COVERAGE FORM \$			
SPECIAL PROVISIONS (if any)			

COMMERCIAL INLAND MARINE COVERAGE PART DECLARATIONS

Policy Number:		Policy Period	
		From	To
Location of All Premises You Own, Rent or Occupy:			
SEE SCHEDULE GU-7005			
ITEM NO.	LIMIT OF INSURANCE	DEDUCTIBLE	DESCRIPTION
SEE APPLICABLE COVERAGE FORM DECLARATION			
DEDUCTIBLE:			
SEE APPLICABLE COVERAGE FORM DECLARATION			
MORTGAGE HOLDERS:			
SEE SCHEDULE GU-7006 and/or GU-7007			
FORM(S) AND ENDORSEMENT(S) APPLICABLE TO THIS COVERAGE PART:			
SEE SCHEDULE GU-7004			
TOTAL PREMIUM FOR THIS COVERAGE PART \$			

COMMERCIAL INLAND MARINE SCHEDULED ITEMS COVERAGE PART

Policy Number	Policy Period From	To
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<u>ITEM NO.</u>	<u>LIMIT OF INSURANCE</u>	<u>DESCRIPTION</u>
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<i>SERFF Tracking Number:</i>	<i>HRLV-125793257</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Harleysville Mutual Insurance Company</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>IMJM020108-1</i>		
<i>TOI:</i>	<i>09.0 Inland Marine</i>	<i>Sub-TOI:</i>	<i>09.0005 Other Commercial Inland Marine</i>
<i>Product Name:</i>	<i>CIM</i>		
<i>Project Name/Number:</i>	<i>Controlled IM Product Standardization/</i>		

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number:	HRLV-125793257	State:	Arkansas
Filing Company:	Harleysville Mutual Insurance Company	State Tracking Number:	EFT \$50
Company Tracking Number:	IMJM020108-1		
TOI:	09.0 Inland Marine	Sub-TOI:	09.0005 Other Commercial Inland Marine
Product Name:	CIM		
Project Name/Number:	Controlled IM Product Standardization/		

Supporting Document Schedules

Satisfied -Name:	Uniform Transmittal Document-Property & Casualty	Review Status:	Approved	09/05/2008
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Comments:

Attachment:

NAIC 2007.pdf

Satisfied -Name:	COVER LETTER & EXHIBIT A	Review Status:	Approved	09/05/2008
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Comments:

Attachment:

Revised - form.pdf

Property & Casualty Transmittal Document

1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only a. Date the filing is received: b. Analyst: c. Disposition: d. Date of disposition of the filing: e. Effective date of filing: <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">New Business</div> <div style="width: 55%;"></div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">Renewal Business</div> <div style="width: 55%;"></div> </div> f. State Filing #: g. SERFF Filing #: h. Subject Codes
---	---


3. Group Name	Group NAIC #

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Harleysville Mutual Insurance Company	PA	14168	23-0902325	

5.	125793257
-----------	-----------

Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6.	Name and address	Title	Telephone #s	FAX #	e-mail
	Carol Zwayer 355 Maple Avenue Harleysville, PA 19438	Senior State Filing Analyst	800-523-6344 ext. 5735	215-256-5678	czwayer@harleysvillegroup.com

7. Signature of authorized filer	
8. Please print name of authorized filer	Carol Zwayer

Filing information (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI)	Inland Marine
10. Sub-Type of Insurance (Sub-TOI)	Commercial Inland Marine
11. State Specific Product code(s)(if applicable)[See State Specific Requirements]	
12. Company Program Title (Marketing title)	
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
14. Effective Date(s) Requested	New: 02-01-09 Renewal: 07-01-2009

Property & Casualty Transmittal Document---

15.	Reference Filing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
16.	Reference Organization (if applicable)	
17.	Reference Organization # & Title	
18.	Company's Date of Filing	8/27/08
19.	Status of filing in domicile	<input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Disapproved
20.	This filing transmittal is part of Company Tracking #	125793257
21.	Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]	

With this filing it is our intent to submit for your review and approval the following revisions applicable to our Commercial Inland Marine Program.

We will be introducing, revising and withdrawing non-standard endorsements (please see Exhibit A for a complete listing.)

Rule of Application: Applicable to all new business policies effective on or after February 1, 2009 and renewals effective on or after July 1, 2009

Your favorable consideration will be appreciated.

22.	Filing Fees (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]
<div style="margin-bottom: 20px;"> Check #: EFT Amount: 50.00 </div> <p>Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.</p>	

*****Refer to each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)**

HARLEYSVILLE MUTUAL INSURANCE COMPANY

355 Maple Avenue
Harleysville PA 19438-2297
www.harleysvillegroup.com

August 27, 2008

Honorable Julie Benafield Bowman
Commissioner of Insurance
Arkansas Department of Insurance
1200 West Third Street
Little Rock, AR 72201-1904

NAIC # 14168
COMMERCIAL INLAND MARINE
Form Filing
Company File Reference Number: 125793257

Dear Honorable Bowman:

With this filing it is our intent to submit for your review and approval the following revisions applicable to our Commercial Inland Marine Program.

We will be introducing, revising and withdrawing non-standard endorsements (please see Exhibit A for a complete listing.)

Rule of Application: Applicable to all new business policies effective on or after February 1, 2009 and renewals effective on or after July 1, 2009

Your favorable consideration will be appreciated.

Very truly yours,



Carol Zwoyer, AAM, AIT
Senior State Filing Analyst
(215) 256-5735
czwoyer@harleysvillegroup.com

EXHIBIT A

New Forms

<u>Form Number</u>	<u>Edition Date</u>	<u>Title</u>
CM-7255	12-06	Commercial Inland Marine Coverage Form Declarations
CM-7257	12-06	Commercial Inland Marine Scheduled Items Coverage Part
CM-7258	12-06	Film Coverage Form Declarations
CM-7259	12-06	Floor Plan Coverage Form Declarations
CM-7260	12-06	Mail Coverage Form Declarations
CM-7261	12-06	Mail Coverage – Reporting Declarations
CM-7262	12-06	Transfer Agents Mail Declarations
CM-7263	12-06	Flat Premium Per Shipping Packages Declarations
CM-7264	12-06	Theatrical Property Coverage Form Declarations
GU-7000	03-08	Commercial Lines Common Policy Declarations
GU-7001	07-08	Policy Change Document
GU-7002	11-06	Additional Insured Schedule
GU-7003	11-06	Additional Interest Schedule
GU-7004	11-06	Form Schedule
GU-7005	11-06	Location Schedule
GU-7006	11-06	Loss Payee Schedule
GU-7007	11-06	Mortgagee Schedule
GU-7008	11-06	Named Insured Schedule
GU-7009	11-06	Policyholder Notice Schedule
GU-7013	11-06	Declarations Page Extension
GU-7015	11-06	Fees and Schedules
MANU-1	11-06	Manuscript Endorsement
MANU-2	11-06	Manuscript Endorsement

Revised Forms New Ed. Old Ed.

CM-7209	12-06	8-87	Commercial Articles Coverage Form Declarations
CM-7210	12-06	8-87	Equipment Dealers Coverage Form Declarations
CM-7211	12-06	8-87	Physicians and Surgeons Equipment Coverage Form Declarations
CM-7212	12-06	8-87	Camera and Musical Instruments Dealers Coverage Form Declarations
CM-7213	12-06	8-87	Signs Coverage Form Declarations
CM-7214	12-06	8-87	Valuable Papers Coverage Form Declarations
CM-7215	12-06	8-87	Accounts Receivable Coverage Form Declarations

Withdrawn forms

CM-7010	08-87	Commercial Inland Marine Coverage Part Declaration
CM-7216	08-87	Commercial Inland Marine Coverage Form Supplemental Declaration
GU-1002	04-95	General Endorsement (applies to HMIC & HPREF)
GU-1025	05-77	Renewal Continuation certificate (applies to HMIC & HPREF)
GU-1032	01-85	Special Named Insured Endorsement (applies to HMIC & HPREF)
IL-7123	04-98	Exclusion of Certain Computer Related Losses
PD-0113	06-85	Commercial Lines Declaration
PD-0205	10-94	Common Policy Declarations